

OHIO CIVIL RIGHTS COMMISSION EMPLOYMENT CHARGE OF DISCRIMINATION

Charging Party:

OCRC Case Number:

Your Name (First and Last Name)

Ella Blythe

Your Street Address

304 S Leonard Ave

Your City, State and Zip Code

LIMA

Your Telephone Number

419-371-1318

Your Alternate Phone Number (Optional)

Your Email Address

eblythe23@roadrunner.com

Employer Name

BEF Foods

Employer Street Address

651 Commerce Parkway

Employer City, State and Zip Code

Lima, Ohio 45804

Employer Telephone Number

567-940-9401

County where Employer is located (if in Ohio)

Allen

Total Number of Workers Employed

Date(s) of Discrimination (Must have occurred within **TWO YEARS** from the charge filing date)

1/5/2021

I was discriminated against on the basis of:

Race/Color

Sex

Pregnancy

Gender Stereotyping

Disability (DO NOT IDENTIFY)

Age (over the age of 40 ONLY)

National Origin/Ancestry

Military Status

Religion

☒ Retaliation (for protesting discrimination)

Indicate how you are a member of the group marked above. (Example – If you marked race, identify your race. If you marked age, identify your age and birthdate.) DO NOT IDENTIFY YOUR DISABILITY OR MEDICAL CONDITION.

Termination based on retaliation for submitting harassment claim on sex, age 48, Discipline, ADA



OHIO CIVIL RIGHTS COMMISSION

EMPLOYMENT CHARGE OF DISCRIMINATION

Charging Party:

OCRC Case Number:

Date of Hire:

Position:

EHS Manager

I was subjected to:

A denial of promotion	Denial of a reasonable accommodation	Harassment (including sexual harassment)
A forced resignation	Different terms and conditions of employment	Layoff/Denial of Recall
Demotion	<input checked="" type="checkbox"/> Discharge/Termination	Unequal Pay (based on sex only)
Denial/Failure to hire	<input checked="" type="checkbox"/> Discipline (Write-up, Suspension, etc)	Other

If you have marked other, please briefly describe the discriminatory act.

Please write a concise statement summarizing the act(s) of discrimination and why you believe it is discrimination. In your statement, include information as to who committed the act of discrimination (name and position), any reason given for the act of discrimination, when the acts occurred and names of others treated more favorably than you.

9/15/21 Chae Kim took me in a room he harassed with intimidation due to sex, age, disability, intimidation. He produced a writeup with false allegations. 9/15/21 I reported this to Post ethics line. 9/1/21 Shannon Wright, HR Manager, told me they received the notification of call to ethics. Emily Moertyl, HR Director told me to go to her room along with new acting plant manager, Craig Smith. Emily proceeded to tell me they could no longer accommodate my restrictions and I needed to go home or have my Dr. take me off restrictions. Out for approx. 10 days. End of October I got COVID-19. 11/3/21 first day back I was given a bad annual review and put on a 30 day PIP the same day. Shannon Wright and Craig Smith were present on 11/3/21 meeting. 11/30/21 Craig Smith met with me and Shannon Wright to state they are giving me an additional 30 days. 12/30/21 Craig Smith, 8am meeting belittled me in a meeting in front of Chae Kim and others. I reported that to Shannon Wright on the harassment culture at BEF. 12/31/21 PIP meeting review I set up with Craig no difference on the PIP plan and it was positive to me. 1/5/22 I was terminated from my job by Craig Smith and Shannon Wright.

error 28
1/5/22 8/9/22
error 28 should be 1/5/21 8/9/22

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Please Note:

Under division (A) of section 4112.052 of the Ohio Revised Code, you are prohibited from bringing a civil action under this chapter unless one of the following applies:


- a) The conditions stated in division (B)(1) of section 4112.052 of the Ohio Revised Code are satisfied; or
- b) An exception specified in division (B)(2) of section 4112.052 of the Ohio Revised Code applies.

Please initial to indicate you have read and agreed to the statements below:

I understand that I will not be able to sign this form on-line. A copy will be mailed to me for a notarized signature. An investigation **WILL NOT** begin until the Ohio Civil Rights Commission receives a **SIGNED AND NOTARIZED CHARGE** from me. INITIALS **eb**

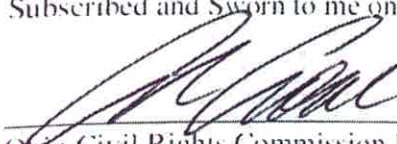
**The following section is to be completed only in the presence of a notary or
Ohio Civil Rights Commission Representative.**

I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency/agencies if I change my address or telephone number and that I will cooperate fully in the processing of my charge in accordance to their procedures.


Charging Party

8/9/2021
Date

Subscribed and Sworn to me on this 9th day of August of 2021


Ohio Civil Rights Commission Representative or Notary



ADAM CROWE
Notary Public, State of Ohio
My Commission Expires
July 12, 2025